

PLACE OF BIRTH

1. County of YumaDistrict of Phoenix

Town of _____

or

City of _____ No. _____ St. _____ Ward) _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ferris Bellanak } If child is not yet named, make supplemental report, as directed3. Sex of child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Dec-8-1927 (Month, day, year)8. Full name Joseph Bellanak FATHER14. Full maiden name Mary Leneriez Kiamy MOTHER9. Residence Superior Ariz (Usual place of abode) If nonresident, give place and State15. Residence Superior Arizona (Usual place of abode) If nonresident, give place and State10. Color or race Syrian 11. Age at last birthday 27 (Years)16. Color or race Syrian 17. Age at last birthday 22 (Years)12. Birthplace (city or place) New London Wis (State or country)18. Birthplace (city or place) N.Y. (State or country)13. Occupation clothing merchant Nature of industry19. Occupation Housewife Nature of industry20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:20 p.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles E. Jinn (Physician or midwife)

Address _____

Given name added from a supplemental report _____ (Month, day, year)

Filed Dec 12, 1927 C. E. Jinn Local Registrar.

Registrar.

Filed _____, 19 _____ County Registrar.

622-1206-1428

the number of each, in order of birth, stated.